

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90275 008 ***150.00

DOCUMENT # G38722

1. Entity Name

MEXICO BEACH HARMON REALTY, INC.



Principal Place of Business

**1402 HWY 98
MEXICO BCH, FL 32410 US**

Mailing Address

**P.O BOX 13473
MEXICO BEACH, FL 32410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2375153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARMON, RYAN L
108 PARADISE COVE BLVD
MEXICO BEACH, FL 32410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	HARMON, SAMUEL L	
STREET ADDRESS	CORNER 14TH ST. & HWY 98	
CITY-ST-ZIP	MEXICO BEACH, FL 32410	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARMON, BARBARA G	
STREET ADDRESS	CORNER 14TH ST. & HWY 98	
CITY-ST-ZIP	MEXICO BEACH, FL 32410	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARMON, SAMUEL L.	
STREET ADDRESS	CORNER 14TH ST. & HWY 98	
CITY-ST-ZIP	MEXICO BEACH, FL 32410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1402 Hwy. 98 P O Box 13473	
STREET ADDRESS	MEXICO BEACH, FL 32410	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1402 Hwy 98 P O Box 13473	
STREET ADDRESS	MEXICO BEACH, FL 32410	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1402 Hwy 98 P O Box 13473	
STREET ADDRESS	MEXICO BEACH, FL 32410	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel L. Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

880-648-5767

Date

Daytime Phone #